



Louisville Metro Air Pollution Control District

COMPLETION NOTICE – DECOMMISSION STAGE II CONTROLS AND DECOMMISSION PLAN FORM Form APG-E

Deliver application to:

701 West Ormsby Avenue
Suite 303
Louisville, KY 40204

(502) 574-6000

FAX: (502) 574-5137

www.louisvilleky.gov/apcd

airpermits@louisvilleky.gov

Section 1 Facility Information	
Facility name: Enter Facility Name	Plant ID: Plant No.
Facility address: Enter Address.	
City: Enter City	ZIP + 4: Enter ZIP
KY Secretary of State Organization number: Enter Organization No.	
Owner: Enter Owner Name	Operator: Enter Name or check box <input type="checkbox"/> Same as Owner
Phone: Enter Phone No.	Email: Enter Email
Section 2 Decommissioning Information	
Check One: <input type="checkbox"/> Decommissioning has been completed (Complete Section 3 of this form) <input type="checkbox"/> Decommissioning was not completed after 10 days after commencing (Complete Section 4 of this form)	
Decommissioning Contractor: Enter Company Name	
Address: Enter Address	Phone: Enter Phone No.
City, State, ZIP: Enter City, State ZIP	Email: Contractor Email.
Section 3 Notice of Completion	
Decommissioning commenced on Click here to enter a date. and completed on Click here to enter a date., including required testing pursuant to LMAPCD Regulation 6.40, by the above-listed contractor. A summary of the decommissioning is included below (or attached to this form):	
Section 4 Notice of Non-Completion	
Decommissioning commenced on Click here to enter a date. by the above-listed contractor, but was not completed pursuant to LMAPCD Regulation 6.40 within 60 days for the reasons below (or attached to this form):	
Responsible Official Certification	
The "Responsible Official" is the person in charge of a principal business function, or other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of that person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit. See District regulation 1.02, section 1.71 for a complete, detailed definition of Responsible Official.	
Based on information and belief formed after reasonable inquiry, I certify that the statements and information in this document and all associated attachments are true, accurate, and complete.	
BY: Click here to enter text.	Click here to enter a date.
Typed or Printed Name of Signatory	Date
Click here to enter text.	Click here to enter text.
Authorized Signature	Title of Signatory